

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000006530

1. Entity Name
MIAMI EVANGELISTIC ASSOCIATION, INC.



Principal Place of Business

**5405 S.W. 87TH AVE
MIAMI, FL 33165**

Mailing Address

**5405 S.W. 87TH AVE
MIAMI, FL 33165**



04222006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
60-0000873

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ABRAHAM, JAMES M
5405 SW 87TH AVE
MIAMI, FL 33165**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	
NAME	ABRAHAM, JAMES M	
STREET ADDRESS	5405 S.W. 87TH AVE	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE	D	
NAME	CHIN, ALBERT	
STREET ADDRESS	9810 SW 215 TERR.	
CITY-ST-ZIP	MIAMI, FL 33189	
TITLE	D	
NAME	CANNON, OLIVER M	
STREET ADDRESS	5821 NE 21 RD	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000550441
05/13/06-80057-020 61.25.

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James M Abraham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES M ABRAHAM

4/28/06

Date

305 273 1329

Daytime Phone #